

COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT, Supplemental)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

original
 design
 supplemental
 National Stage of PCT
 divisional (see added page)
 continuation (see added page)
 continuation-in-part (see added page)

INVENTORSHIP IDENTIFICATION

Our residences, post office addresses and citizenships are as stated below next to our names. We believe that the named inventors listed below are the original and first inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

CLUTCH ARRANGEMENT FOR TRANSMISSION HAVING
TWO AXIALLY AND RADIALLY ADJACENT CLUTCHES

SPECIFICATION IDENTIFICATION

The specification of which: (complete (a), (b) or (c))

(a) is attached hereto.
(b) was filed on _____ as
 Serial No. _____ or
 Express Mail No. _____ as Serial No. (not yet known) and
was amended on _____ (if applicable).
(c) was described and claimed in PCT International Application No. _____
filed on _____ and as amended under PCT Article 19 on
(if any).
(d) amended on _____

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list names and registration numbers)

Michael J. Bujold	Registration No. 32,018
Anthony G. M. Davis	Registration No. 27,868
Gary D. Clapp	Registration No. 29,055
Scott A. Daniels	Registration No. 42,462

Attached as part of this Declaration and Power of Attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

Send Correspondence to:

PATENT & TRADEMARK OFFICE

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ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent Office all information which is known to be material to patentability of this application as defined in § 1.56 of Title 37 of the Code of Federal Regulations.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NO.	DATE OF FILING (day,month,year)	PRIORITY CLAIMED UNDER 37 USC 119
			YES <input checked="" type="checkbox"/> NO
			YES NO
			YES NO
			YES NO
			YES NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature(s)

Full name of ~~sole~~ or first inventor Peter TIESLER

Inventor's signature Peter Tiesler Date 23/10/2003

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Full name of second joint inventor (if any) Jörg DAUSEND

Inventor's signature J. Dausend Date 10/29/2003

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